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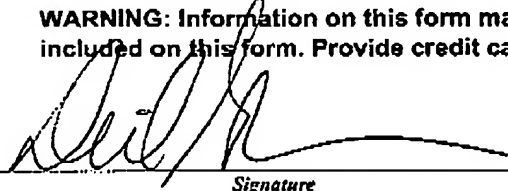

To: Examiner Alvin Stewart, Art Unit 3738  
Of: U.S. Patent and Trademark Office  
From: Rosenbaum & Associates, P.C.  
Client/Matter: 6051-009  
Date: Tuesday, February 22, 2005

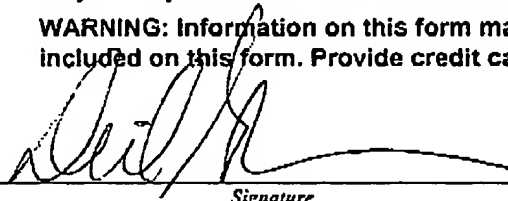
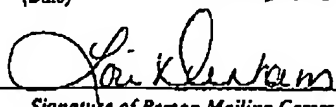
DOCUMENTS	NUMBER OF PAGES*
Transmittal document	1
Amendment Transmittal (1 page in duplicate)	2
Amendment	9
Petition for Two Month Extension of Time (1 page in duplicate)	2
Change of Entity Status	1
Change of Address for Attorney of Record	1
<b>TOTAL</b>	<b>16</b>

COMMENTS: In Re: U.S. Serial No. 10/720,932  
Applicant: Bailey, et al.  
Attorney Docket No. 6051-009

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**A PROFESSIONAL CORPORATION PRACTICING INTELLECTUAL PROPERTY LAW**  
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>6051-009</b>	
Applicant(s): <b>Bailey, et al.</b>						
Application No. <b>10/720,932</b>	Filing Date <b>11/24/03</b>	Examiner <b>Alvin J. Stewart</b>	Customer No. <b>29,335</b>	Group Art Unit <b>3738</b>	Confirmation No. <b>5243</b>	
Invention: <b>ENDOLUMINAL CARDIAC AND VENOUS VALVE PROSTHESES AND METHODS OF MANUFACTURE AND DELIVERY THEREOF</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	11 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>18-2000</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature			Dated: <b>February 22, 2005</b>			
<b>David G. Rosenbaum (Reg. No. 31,872)</b> <b>ROSENBAUM &amp; ASSOCIATES, P.C.</b> <b>650 Dundee Road</b> <b>Suite #380</b> <b>Northbrook, IL 60062</b> <b>Tel: (847) 770-6000</b> <b>Fax: (847) 770-6006</b>			<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><i>Certificate of Facsimile</i></p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>February 22, 2005</u> <i>Faxed to Ex Stewart @ (703) 872-9304</i></p> <p style="text-align: center;">(Date)</p> <p style="text-align: center;">            Signature of Person Mailing Correspondence</p> <p style="text-align: center;"><b>Lori Dunham</b>            Typed or Printed Name of Person Mailing Correspondence</p> </div>			
cc:						

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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>18-2000</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
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cc:						

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Steven R. Bailey, et al Attorney Docket: 6051-009  
Serial No.: 10/720,932 Examiner: A. Stewart  
Filed: 11/24/2003 Art Unit: 3738  
Title: ENDOLUMINAL CARDIAC AND VENOUS VALVE PROSTHESES  
AND METHODS OF MANUFACTURE AND DELIVERY THEREOF

## Certificate of Facsimile Transmission

I certify that this document (along with any documents referenced as being included herewith) is being facsimile transmitted on February 22, 2005, addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Art Unit 3738, ATTN: Examiner A. Stewart at (703) 872-9306.

  
Lori Dunham

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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## AMENDMENT

Dear Sir:

In response to the Office action of September 21, 2004, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.